



The IMO, Working for You

IMO MEMBERSHIP APPLICATION FORM FOR CONSULTANTS

Applicants must hold qualifications, which are acceptable for registration with the Medical Council of Ireland

Surname..... Forename.....

Date of Birth..... Male Female

Home Address..... Work Address(es).....

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Please tick Address IMO correspond to: Home Work

Home Telephone..... Work Telephone

Mobile No..... Email Address.....

University Attended Year of Graduation

Category of Registration with Medical Council

Provisional Date Full Date

Registration No.

Please tick the appropriate box where applicable:

Newly Appointed Year 1 Newly Appointed Year 2 Newly Appointed Year 3

Full single Locum Dentist

Non Clinical Academics Temporary

Speciality

Anaesthesia Paediatrics

Emergency Medicine Psychiatry

Medicine Radiology

Obstetrics/Gynaecology Surgery

Orthodontics Other

Pathology

Sub Speciality

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I consent to IMO Financial Services contacting me/us by letter, email, SMS text or telephone regarding any financial products which may be of interest to me. If you do not wish us to contact you with information on additional products or services, please place an 'X' in this box

